



## IN THIS ISSUE

### RESEARCH PARTNERS: TMI AND THE DIVISION OF PERCEPTUAL STUDIES (DOPS)

In keeping with the Institute's goal of being a hub for consciousness information and research, we have formed a partnership with DOPS at the University of Virginia. DOPS is heir to the legacy of Ian Stevenson, MD, who assiduously investigated children's memories of past lives and related topics for more than thirty-five years. TMI's director of research, Hillary Webb, PhD, found an opportunity to sit down with DOPS researchers Edward F. Kelly, PhD, and Ross Dunseath, PhD, in September to explore how their plans intersect with ours.

### BRIEF MEDITATION TRAINING CAN IMPROVE PERCEIVED STRESS AND NEGATIVE MOOD

TMI Professional Member James D. Lane, PhD, and colleagues at Duke University completed a study of the effects of a brief, nonsectarian program of meditation training in 2006. The results strongly suggested that learning and practicing such a regimen could yield long-term health benefits. The study was published in *Alternative Therapies in Health and Medicine*, volume 13, number 1, January/February 2007, and is reprinted here with permission.

### RESEARCH PARTNERS: TMI AND THE DIVISION OF PERCEPTUAL STUDIES

Over the past year, The Monroe Institute® Research Division has joined forces with the Division of Perceptual Studies (DOPS), a unit of the Department of Psychiatry and Neurobehavioral Sciences at the University of Virginia. Founded in 1967 by Dr. Ian Stevenson, DOPS focuses its research on the scientific investigation of paranormal phenomena such as various types of extrasensory perception, apparitions and deathbed visions, poltergeists, near-death experiences, out-of-body experiences, and claimed memories of previous lives. As part of this larger project, DOPS has recently established a state-of-the-art EEG research facility under the direction of Edward F. Kelly, PhD, and Ross Dunseath, PhD, who are actively searching for individuals who can voluntarily enter altered states of consciousness (such as out-of-body or deep meditative states) and/or who can perform unusually well in controlled psi tasks.

Hillary Webb, PhD, TMI's director of research, recently spoke with Drs. Kelly and Dunseath about their research, their philosophy regarding how altered states and psi abilities intersect, and their impressions of the role that The Monroe Institute is currently playing within this exciting field of discovery. Dr. Dunseath, who recently attended his first TMI program, also discusses his experience as a GATEWAY VOYAGE® participant.

**Hillary Webb:** To start, let's talk about what you do here at DOPS and the kind of research you are involved in.

**Ed Kelly:** We are interested in psi and altered states of consciousness and also the physiological accompaniments of those things. Here at DOPS, we've created a laboratory that allows us to measure physiology—particularly EEG, but also fMRI. We're interested in combining [those physiological measuring techniques] with people who have unusual skills. We have no interest in just proving that psi exists for the thousandth time. We're interested in learning things

about the conditions that allow psi and unusual states to occur. So, for our research, we're looking for people who have psi skills and who can do controlled experimental tasks. We have several large families of these [experimental tasks] ready to go, and we're prepared to invent new ones to accommodate people who come to us with skills already developed. We are looking for good meditators, people who can leave their bodies voluntarily and go to a pre-agreed place, trance mediums, people who are having what might be called kundalini experiences—things of that sort. We [are working with] a guy who began spontaneously having such experiences, and we've already seen some evidence of localized [brain] activation in a place that is consistent with existing imaging and EEG studies of advanced Buddhist meditators. So there's an interesting convergence there. We're also interested in things like extreme hypnotizability.

**HW:** You said before that you aren't interested in proving that psi exists for the thousandth time. So you feel that at this point it has been determined that psi events exist?

**EK:** Absolutely.

**HW:** All types of psi events?

**EK:** Yeah, I think so. The only one I have some lingering doubts about is precognition. There's a long story to be told about that, but the most basic question is, "To what extent might apparent precognition be explained by [psychokinesis](#) (PK)?" Some people like [Steve Braude](#) and most quantum physicists interested in the field don't think true precognition is possible because the future is not yet fixed. Even [F.W.H. Myers](#) back in 1895 was very interested in this question and looked for spontaneous cases in which someone had had a vivid precognition of something that was unfolding before him and could intervene in such a way as to change the outcome. He did find cases of that sort, which suggests that free will is possible and that we don't live in a block universe.

**HW:** The obvious question then is, if psi has been proven thousands of times, why is there still so much resistance to it within the scientific community?

**EK:** I think it comes down to the fact that psi phenomena seem to conflict with most people's picture of the world. Most scientists—psychologists in particular—live in a world of nineteenth-century physics where things of this sort can't happen. The fact that they do happen is very disturbing to them and they would like to just get rid of these phenomena, as if they are the only defect in an otherwise ever-advancing picture of things. As you know, our book [[Irreducible Mind](#)] was intended to disabuse people of the idea that the brain creates everything in our minds and consciousness in some mechanistic way. [According to that viewpoint] psi can't occur. But psi is only the tip of the spear in that regard. There are lots of other things that point in the same direction. . . . What we try to inject into the situation is the realization that there are lots of empirical things that the conventional model [of consciousness] either doesn't explain or deals with poorly. Things like extreme psychophysiological influence, exemplified by phenomena such as stigmata and hypnotically induced blisters. Memory is still a mystery, despite a lot of claims to the contrary. [Multiple personality](#) and things of that sort. Secondary consciousness. Near-death experiences, especially those occurring under conditions such as deep general anesthesia and cardiac arrest. Genius and mystical experience. All of these [phenomena] are beyond the edges of the contemporary mainstream view of things.

**HW:** You once made the observation that "you know you're onto something when the skeptics say you are lying."

**EK:** That [statement] goes back to the very first meeting of the [Society for Psychical Research](#) in 1882. The president, Henry Sidgwick, said, "Our job is to push them to the point where they accuse us of cheating!" Because at that point [the skeptics] have nothing left to say. And of course they got to that point. Routinely.

**HW:** I love the idea that at this point it is not so much a question of proving if psi events occur, but now it's a question of looking at the individual psi events and proving that each is its own category, rather than another type of psi event.

**EK:** Probably the word "prove" shouldn't be used here. Science isn't like mathematics. It's just that evidence accumulates either in favor of or against different hypotheses. In all these cases it's a matter of piling up more evidence collected under better conditions with more controls and documentation and that sort of thing. We think the evidence is overwhelming that psi phenomena occur, but there are a couple of places where this issue really comes into play in contemporary research. One is over the question of survival. For example, [with [mediumship](#)] if a personality appears and it seems to be Uncle Joe—knows a whole lot of experiences that you shared with him and talks with similar vocabulary and mannerisms and so forth and so on—the question becomes, "Is that really Uncle Joe, or has the medium been [psychically] getting all this information from you or from documents of various sorts scattered all over the planet, and somehow manufactured Uncle Joe's personality on the spot?" There is evidence that stuff like that

can happen. That's the "super psi" versus "survival" question. Another example that is more germane to us in the lab is the question of "experimenter psi." The fact that you call one person "the experimenter" and another person "the subject" doesn't mean that that's how it really works. We know that a lot of really successful psi experimenters are also very good psi subjects, so it's quite conceivable that the experimenter's psi [abilities] can enter into the outcomes of experiments in insidious ways that make it harder to progress experimentally. Once you allow [for the reality of] psi, as an experimenter it kind of intrudes into your life in multiple ways. One way to get around it—one of the few good ways to get around it—is to have really good subjects studied by experimenters who aren't terribly good subjects themselves. I'm happy to report that, as far as we know, we're pretty lousy psi subjects!

**HW:** I know that when I'm talking about these kinds of things, explaining them to myself or others, I end up going through all these mental gymnastics trying to figure out or explain how this all "works" on a theoretical, philosophical level. For example, is [remote viewing](#) really a state in which you are sending a portion of your consciousness outward in some fashion, while an [out-of-body experience](#) is a total release of consciousness? How much of that kind of philosophical mind bending do you have to do as you are doing these experiments?

**EK:** That's a real tough one. Because really all we have are psi phenomena themselves. Interpretations are extremely difficult. Nobody has a decent theory of psi. In fact, in my opinion, that's the one thing that would change the whole situation more quickly than anything else. More than any number of terrific experiments published in mainstream journals, [we need] a theory that doesn't contradict what we know about the world but adds something to our understanding that allows us to explain these things as well. We just don't have that. For example, in the case of out-of-body experience, it's not clear that anything leaves the body at all. It is possible to think about it in other ways. Maybe psi information somehow comes in and then you have an experience of going to the place but you haven't actually been there.

How can you get around that? Well, there are some cases that suggest that something really has gone somewhere. For example, there are what are called "collective cases" in which an apparition shows up and is witnessed by several people at the same place, often with appropriate changes of perspective. Like one guy sees [the apparition] from the front and another sees it in a mirror, another from a place across the room, and so on, and their descriptions are sort of coordinated in the proper way as if there actually were something there. But is it a physical something? Well, not in the usual sense because it doesn't leave footprints and can't be photographed as far as we know. So what is it? It's something that's sort of physical but not really. There are other cases in which people have decided to project [themselves] to some remote place and have been seen there and experienced themselves as being in the place where the other people saw them. Those are called "reciprocal collective cases." There are maybe thirty or forty of those cases [reported] in the literature. They do suggest that something is going someplace. But is it a place in this world? There are people who think that you aren't literally traveling to some remote place in this world, but instead to some other world that is kind of a copy of this world but exists in some other higher dimension or something of that sort.

**HW:** What's your personal take on that kind of thing? Postmortem survival, for example, and your overall theory of what "consciousness" is or what it might be?

**EK:** I personally am somewhat convinced that survival is a reality. Other people looking at the same evidence may not be convinced. Other people are absolutely convinced, even more than I am. But in my view we have only the barest [understanding]. For example, we don't know if everyone survives or for how long or under what circumstances. Is reincarnation a reality? I'm inclined to think that if it happens to anybody then it probably happens to most or all of

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us, but we don't really know that. . . . Our book, *Irreducible Mind*, establishes—to my satisfaction, anyhow—that the theory of personality that was developed by [F. W. H.] Myers and [William] James is broadly correct. That doesn't mean that it's a finished thing, but the basic picture is that our everyday consciousness—[that is,] how we are when we are awake—is only a fragment of a much larger structure of mind or personality, most of which is inaccessible to us under ordinary conditions. Behind the scenes, so to speak, there's this larger conscious something that is associated with our organism and that has means of access to the world that are different from the ones we use to access our immediate surroundings—[something] that may have greater creative capacities, mystical capacities, and other things that most of us don't ordinarily encounter. We have lots of evidence about people who get into states where they experience themselves expanding in these directions; where there is a big influx of psi phenomena; where they find themselves out of their bodies and traveling somewhere or encountering spirits in some mystical realm—the “all-encompassing benign presence” and that sort of thing. Somehow we have to develop an expanded scientific worldview that accommodates these things. And we've got to figure out better ways of allowing people to experience them.

This is where we think technology has a huge role to play. Think of the brain as being a kind of a reducing valve or filter that causes this larger mind to take on the mini-mind character of our everyday experience. [In that case] it ought to be possible to figure out ways of jiggering that thing around to allow you to get into these expanded spaces. I think [The Monroe Institute](#) has developed a set of ways of pushing people in those directions, or nudging them, or pulling them, but I don't think that there is any reason to believe that anyone has cornered the market on how to do this, and, in fact, one of the interesting things is that there appear to be an enormous variety of circumstances that cause these openings. That's one of the things that I think points toward the correctness of this idea of the filter—that basically [consciousness] is set to operate in certain ways, and if you can bang the filter from different angles you can cause it to go out of business and let these larger things flood in.

There are lots of possibilities. Ross has a lot of experience with [neurofeedback](#) of various kinds, some of which are very effective, and we've got a slew of new ideas about ways of encouraging that to happen. And we can learn. For example, we can learn from meditators. There's a lot of history there. When people first learned about the alpha [brain-wave] rhythm and all that, there was a lot of excitement about how lots of alpha is what goes on when people are meditating . . . but then it kind of petered out. The reason is, I think, that we hadn't really learned much at all about what these high meditative states look like physiologically. It was premature. . . . But if we can study people and find out what's *really* going on, what's really unique to these states, then we can develop new kinds of feedback devices that really target those more complicated states.

**Hillary Webb:** Ross, you recently attended your first TMI program. What was your experience like?

**Ross Dunseath:** As Ed mentioned, I came into this [field] through neurofeedback and [biofeedback](#). That's been my focus for years. I thought the binaural-beat technology used at TMI was an interesting approach to shifting states of consciousness systematically and then identifying those particular states. Although I'm not at all sure that it was actually pushing me into those states or if it was just a cue to get in there, I did notice on a repeatable basis [experiencing] consistent aspects of those states. For example, the Focus 12 state of expanded awareness: [each time] I would have the same type of experience going into that. So it felt like the technology was definitely at least inspiring me to get into those states.

My experience at TMI was quite similar to what Ed is describing in terms of this “filter model” of consciousness. It did seem like the filter was getting either adjusted, or changed, or shunted aside, and I was able to experience these other states of awareness. And they seemed to be fairly objective to me. Certainly there was a subjective quality to it, but, for example, doing the out-of-body exercise, I had the experience of shifting, sliding out, and going to other places in the building that I didn't recognize, and then later on, after the fact, as I was walking up the stairs in the [Nancy Penn Center] tower, I realized that the design of those stairs with the strips on them was what I had been looking at in the out-of-body experience. That seemed to be an objective verification of an expanded awareness. Another similar experience was in the Focus 21 state when I met up with a person who was recently deceased. A few days later somebody pulled out a picture of this person [whose characteristics] pretty much matched [the person I had seen in Focus 21]. So again, it was a kind of objective verification.

In general, using technology to try to induce these states, adjust the filter, modify it, allow an expansion of consciousness—that's the sort of thing I'm interested in doing.

**HW:** So your TMI experience met your expectations, if you had any?

**RD:** I approached it with an open mind. I was very pleasantly surprised, actually. I really enjoyed it. And I had some very meaningful experiences. Again, Ed was talking about parts of our consciousness that we are not aware of, that are rather large. I was receiving personal information in some of these exercises that just blew me away. We also witnessed a pretty spectacular case of telepathy during the week between two [GATEWAY participants] who were really talented explorers. We would like to get connected with people like that who demonstrate great capabilities on a reproducible basis.

**EK:** TMI is already in the practical business of doing things that are of great interest to us. That is, altering people's states of consciousness in ways that are good for them. In ways that enlarge them, push them out toward mystical experiences, and that sort of thing. I personally think that the reconciliation of science and spirituality is the primary task of the present century, and that the scientific study of mystical experience is a high priority. TMI is already operating in that area. We're hoping to find research collaborators through TMI, and also to help you with some of the things that you're trying to do. It seems to me that it is a win-win situation.

**HW:** In your experience, what makes for a good research participant?

**EK:** Having relevant types of skills and not being too egoistically attached to them.

**RD:** Somebody who is not a technophobe, who doesn't mind having a cap with 128 electrodes on their head. And who can be pretty good about reproducing the phenomena under these controlled, artificial conditions.

**EK:** We try to get away from this traditional hierarchical research situation in which the experimenters are up here and the subject is just another piece of apparatus. It's not like that. The people with the skills are the most important part of the whole setup. We're just providing some technical resources to help them and us learn something new about what they do. Whatever it is. It might then turn into something useful for other people and that would help [other researchers] move into similar directions. To me, that's the real payoff—finding ways of promoting these skills in other people. Making them more widely available. A good example would be somebody who can reliably produce psychokinesis. To work with somebody like that would help us figure out optimal PK detectors and understand more about what's going on with PK.

**HW:** Final question: Of all the subjects to study, why this one? What is it about this field that most excites you both?

**EK:** Well, for myself, it's not only that it is a leading-edge science, but that it's leading-edge science of a uniquely humanly relevant sort—[relevant] to our deepest needs and capacities. I see it as our main hope for the future. Either we're going to annihilate ourselves or we're going to move in a positive direction.

**RD:** I couldn't have said it any better.

**HW:** Me neither. Thanks, guys.



The Division of Perceptual Studies welcomes on-site visits from individuals with serious interest in and inquiries regarding DOPS research. To learn about the new imaging lab, visit [Cedar Creek Institute](#), DOPS's nonprofit, sister research institute. Click here for details of the [Research Program](#).



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## BRIEF MEDITATION TRAINING CAN IMPROVE PERCEIVED STRESS AND NEGATIVE MOOD

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*James D. Lane, PhD; Jon E. Seskevich, RN, BSN, BA; Carl F. Pieper, DrPH*

**James D. Lane, PhD**, is a professor of medical psychology in the Department of Psychiatry at Duke University Medical Center in Durham, NC. **Jon E. Seskevich, RN, BSN, BA**, is a nurse clinician in the Department of Advanced Practice Nursing at Duke University Hospital, Durham, and **Carl F. Pieper, DrPH**, is an assistant research professor in the Biostatistics and Bioinformatics Department at Duke University Medical Center.

### ABSTRACT

**Objectives:** Test a brief, non-sectarian program of meditation training for effects on perceived stress and negative emotion. Determine effects of practice frequency and test the moderating effects of neuroticism (emotional lability) on treatment outcome.

**Design and Setting:** The study used a single-group, open-label, pre-test post-test design conducted in the setting of a university medical center.

**Participants:** Healthy adults ( $N = 200$ ) interested in learning meditation for stress-reduction were enrolled. One hundred thirty-three (76% females) completed at least 1 follow-up visit and were included in data analyses.

**Intervention:** Participants learned a simple mantra-based meditation technique in 4, 1-hour small-group meetings, with instructions to practice for 15-20 minutes twice daily. Instruction was based on a psychophysiological model of meditation practice and its expected effects on stress.

**Outcome Measures:** Baseline and monthly follow-up measures of: Profile of Mood States; Perceived Stress Scale; State-Trait Anxiety Inventory; and Brief Symptom Inventory. Practice frequency was indexed by monthly retrospective ratings. Neuroticism (NEO PI-R) was evaluated as a potential moderator of treatment effects.

**Results:** All four outcome measures improved significantly after instruction, with reductions from baseline that ranged from 14% (STAI-S) to 36% (BSI). More frequent practice was associated with better outcome. Higher baseline neuroticism scores were associated with greater improvement.

**Conclusions:** Preliminary evidence suggests that even brief instruction in a simple meditation technique can improve negative mood and perceived stress in healthy adults, which could yield long-term health benefits. Frequency of practice does affect outcome. Those most likely to experience negative emotions may benefit the most from the intervention.

Meditation training has become a popular intervention for the prevention and treatment of stress-related diseases and for the management of stress that often accompanies serious medical conditions. Published research studies describe the application of meditation training as primary or adjunctive treatment for high blood pressure and other coronary disease risk factors,<sup>1-3</sup> chronic pain,<sup>4-6</sup> and cancer,<sup>7-11</sup> as well as for stress management in high stress occupations.<sup>12-15</sup> In the research literature, the two most commonly studied meditation training programs are Transcendental Meditation® (TM®) and the Mindfulness-Based Stress Reduction (MBSR) program of the [Center for Mindfulness](#) at the University of Massachusetts Medical School, North Worcester, Massachusetts. These two proprietary programs have been distributed widely and are available in many locations throughout this and other countries. However, the TM and MBSR programs share several characteristics that may limit their use in the general population.

Both programs are based on traditional practices of Asian religions. The TM technique has its origins in the religious practices of India and includes a formal initiation conducted in Sanskrit. Initiates receive secret Sanskrit mantras, traditionally used to invoke Hindu deities, to use as the focus of meditation practice. MBSR is based on traditional Buddhist meditation practices and incorporates concepts and material from Buddhist philosophical writings in the class presentations.<sup>16</sup> Such religious foundations may make these programs unacceptable to individuals who practice other religions or no religion and may prevent their adoption by publicly funded programs and public schools. In addition, both TM and MBSR programs require considerable commitments of time and money to complete

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training. The TM program requires 10 hours of lectures and instruction in 7 separate steps.<sup>17</sup> The standard MBSR program requires about 30 hours to complete, with 8 weekly classes and a full-day retreat. These programs typically charge several hundred to several thousand dollars for initial training. Clearly, the time requirements and expense would be barriers for many individuals, and the high cost itself could limit their use in many situations.

These limitations can be overcome. Meditation training programs have been developed without specific religious associations. Furthermore, there is no empirical evidence that lengthy instruction is necessary for effective meditation training. Indeed, several individuals have suggested that non-sectarian forms of meditation can be taught in 1 or a few brief meetings, or can even be learned from a book.<sup>18-20</sup> These simpler programs have been shown to be effective treatments for stress and stress-related disease.<sup>18-19</sup>

The authors (JDL and JES) developed a simple, brief, non-sectarian meditation training program for use in a clinical trial of meditation and relaxation as non-pharmacological treatments for high blood pressure. This development effort sought to create a “generic” alternative to the popular proprietary systems, one which had the potential for time-efficient and cost-effective instruction. During enrollment for this hypertension treatment study, a second sample of 200 non-hypertensive adults was enrolled in an “open-label” study of meditation training for stress reduction. This study, called the “Calm Your Stress Study,” was designed to provide preliminary evidence of the effectiveness of the training program for the reduction of subjective stress and negative emotion, in a general population of self-referred adults who were interested in learning meditation for stress management. The study had 3 objectives: to evaluate the potential changes in measures of perceived stress and negative emotion after individuals began to practice this generic meditation technique; to determine whether the frequency of meditation practice affected outcome during follow-up; and to test whether an individual’s initial level neuroticism could explain variability in outcome following meditation training. The latter 2 objectives were intended to open new lines of meditation research. Current recommendations for practice frequency and duration have little or no evidence base, without empirical data linking practice to outcome. The current literature offers no explanation for why meditation training yields different outcomes among individuals, although the identification of characteristics related to treatment success could be used to target the individuals most likely to benefit from instruction. The results of this pre-experimental study were intended to inform the design of additional controlled trials, if they were warranted by initial results.

## Methods

### Study Design

The Calm Your Stress Study used a single-group, pretest-posttest design<sup>21</sup> that included a pre-intervention baseline assessment and 3 follow-up assessments at monthly intervals following the start of meditation practice. Although this pre-experimental design lacked controls for indirect effects of participation, the open-label approach simulated the effects of training in naturalistic settings in a large and varied population. The planned assessments of the effects of practice frequency and tests of specific hypotheses related to the moderation of outcome effects by personality and affect variables served to strengthen the overall design. To control subject-experimenter artifacts and biases, instruction and data collection were conducted by different individuals, in different locations, and at different times.

### Participants

A sample of 200 adult men and women was recruited from among employees, students, patients, and visitors of Duke University and Duke University Medical Center through campus newsletters, brochures, and handbills. Advertisements sought volunteers who were interested in learning a simple meditation technique for the purposes of stress reduction. Lenient eligibility criteria were used to encourage a heterogeneous sample. Participants were required to be at least 18 years of age and able to speak, understand, read, and write English, which was necessary for understanding instruction and completing assessments. Potential volunteers who had active psychiatric disease or used psychoactive medications, who were currently participating in other formal stress management programs, or who planned to move from the study area or travel extensively during the course of participation were excluded from the study. Participants who completed the study received \$40 as compensation for the time required for study assessments.

## Measures

Four different instruments assessed subjective stress and negative mood before and after training. Although the domains of these instruments were expected to overlap, each provided a different perspective on the concept of subjective stress. When instruments contained multiple scales, the overall summary score was used for hypothesis testing, to control the type 1 error that could arise from multiple independent tests.

General negative mood was assessed using the brief version of the Profile of Mood States (POMS; Multi-Health Systems, Inc, North Tonawanda, NY), which contains 30 adjectives that describe feelings (eg, friendly, tense, grouchy, angry). Participants rated each item on a 5-point scale to describe their moods during the past week, including the current day. Scores were calculated for 6 different moods or affective states: Tension-Anxiety, Depression-Dejection, Anger-Hostility, Vigor-Activity, Fatigue-Inertia, and Confusion-Bewilderment. Total Mood Disturbance (TMD), the sum of these scales (with Vigor-Activity subtracted), was used as the summary score for general negative mood. The POMS has good internal consistency and reliability and has been widely used in research.<sup>22</sup>

The Perceived Stress Scale (PSS) was used to provide a global measure of perceived stress in daily life. The PSS is a 14-item instrument designed to measure the degree to which common situations are appraised as stressful.<sup>23</sup> The items ask about feelings and thoughts during the past month and how often the respondent felt a certain way in a specific situation. Responses range from “never” to “very often” on a 5-point scale. The PSS has adequate reliability and validity.<sup>23</sup>

Anxiety was measured with the State-Trait Anxiety Inventory (STAI; CCP, Inc, Mountain View, Calif), a widely used measure with well-established validity and reliability.<sup>24</sup> The state version STAI-S was used to assess changes in general anxiety over time. This instrument consists of 20 items containing words descriptive of anxiety that are rated on a 4-point scale and asks participants to rate their feelings at that moment.

The Brief Symptom Inventory (BSI; National Computer Systems, Inc, Minneapolis, Minn)<sup>25</sup> derived from the SCL-90-R,<sup>26</sup> assessed symptoms of psychological distress. The BSI is a 53-item scale of self-reported psychological symptoms experienced during the previous 7 days. Nine symptom dimensions are measured using items rated on a 5-point scale from “not at all” to “extremely.” The General Severity Index (GSI) is a weighted score based on all items that combines information on the number of symptoms experienced and their severity. The reliability and validity of the BSI are well-documented.<sup>27</sup>

Study participants completed retrospective assessments of meditation practice frequency at each follow-up visit. Frequency of practice was reported using a 7-point category scale that included the following choices: “twice a day every day”; “twice a day most days”; “at least once a day every day”; “once a day every day”; “once a day most days”; “several times a week”; and “never.”

Neuroticism was assessed using the Revised NEO Personality Inventory (NEO PI-R; Psychological Assessment Resources, Inc, Lutz, Fla),<sup>28</sup> a personality inventory that operationalizes the 5-factor model of normal personality. The NEO PI-R contains 240 descriptive statements that are completed by self-ratings on a 5-point scale and typically takes 20 to 30 minutes to complete. Validity and reliability have been established. The neuroticism domain (N) contrasts emotional stability versus lability. Scores reflect the general tendency to experience negative emotions such as “fear, sadness, embarrassment, anger, guilt, and disgust.” (28, p. 14) The N domain includes sub-scores or facets for specific emotions comprising anxiety, angry hostility, depression, self-consciousness, impulsiveness, and vulnerability to stress, which were examined in exploratory analyses.

## Intervention

The meditation technique was similar to techniques described by Benson,<sup>18</sup> Carrington,<sup>19</sup> and Wilson.<sup>20</sup> Participants selected for themselves a sound, word, or brief phrase (“mantra”) to be used as the focus of meditation. They sat with eyes closed and began practice with a brief (less than 1 minute) period of relaxed abdominal respiration, then repeated their mantra silently and continuously for 15 to 20 minutes. Mantra repetition was not linked to the breath. Participants were instructed to allow the mantra to repeat at its own natural pace and simply to return to the mantra repetition whenever they noticed that other thoughts, sensations, or feelings had come into consciousness and distracted attention from the repetition of the mantra. Each practice ended with 1 to 2 minutes of quiet rest before

other activities were resumed. The emphasis of the instruction was effortless repetition of the mantra and recognition and control of intrusive thoughts. Participants were instructed that twice-daily practice for the 3 months of the study would provide them with a full experience of the potential of the technique (cf Wilson<sup>20</sup>).

Participants learned the meditation technique in the first of 4, 1-hour meetings and began twice-daily practice the following day. The remaining classes served to reinforce the instructions and provide information and guidance to support the development of a regular practice regimen. Questions were answered, and common problems were presented and discussed. Meditation was presented as a cognitive exercise that enhanced the experience of the quiet mind and taught recognition and control of intrusive thoughts. Participants were also given a psychophysiological rationale for the stress-reducing effects of meditation. At the final meeting, the instructor addressed common problems that arise during independent practice and discussed the benefits and experiences that have been reported by others who continued regular meditation practice.

After the final meeting, study participants continued to practice on their own. They were told to contact instructors if they had questions or concerns about the technique or their practice. No further formal contact was maintained during follow-up, however.

## **Procedures**

Interested volunteers made initial contact and completed preliminary screening by telephone, then scheduled an appointment for completion of informed consent procedures. Participants provided detailed background and medical history information, and completed the NEO PI-R questionnaire.

The outcome instruments (POMS, PSS, STAI State, and BSI) were completed at a baseline visit prior to training, and participants were then scheduled for meditation training. Participants were taught in small groups. The 4, 1-hour group meetings were held at lunchtime or after work on a Monday/Wednesday or Tuesday/Thursday schedule over 2 weeks. When participants missed a meeting, a make-up session was scheduled, if possible. Those participants who attended at least 3 of the 4 meetings were considered to have completed training.

Follow-up visits were scheduled 4, 8, and 12 weeks after the date of the first class. Participants returned to the laboratory and completed the 4 outcome instruments. Although participants were encouraged to call investigators with questions or concerns about practice, such contacts were rare. Study personnel did not contact participants except to schedule the follow-up visits. Study participants were encouraged to complete the follow-up visits, even if they had stopped meditating. Repeated e-mail and telephone contacts were attempted as necessary to complete follow-up. Those individuals who refused to reply to repeated contacts or who asked not to be contacted again were considered "dropouts" from the study. The study concluded with the 12-week follow-up visit.

## **Data Analysis**

Standard scoring procedures were used for all self-report instruments. Summary scores were used for hypothesis testing, when instruments contained sub-scales, to reduce the number of statistical tests and control type 1 error; however, sub-scale scores were used for exploratory purposes. Hypothesis tests were conducted using procedures for mixed-models analysis of variance or covariance to accommodate the repeated measurements over time. Mixed models (Proc MIXED, SAS v. 8; SAS Institute, Inc, Cary, NC) allowed the inclusion of all available data and did not delete participants with incomplete data. Mixed models also permitted inclusion of time-varying covariates and between-subject variables when appropriate. Given the single-group design, hypothesis tests focused on the main effects of time (baseline and follow-up) and interactions of the time factor with between-subjects factors. When main effects and interactions were significant, contrasts of baseline and each of the 3 follow-up visits were conducted to locate changes temporally. Comparisons among follow-up time points were also conducted to explore the stability of changes over time. The criterion  $P < .05$  was used to declare statistical significance for all tests.

## **Results**

### **Participant Disposition and Characteristics**

Two hundred people expressed interest in participating in the study and scheduled appointments for orientation, informed consent, and baseline data collection. The disposition of these participants is shown in detail in Figure 1.

Baseline data were available for 192, because 4 participants failed to meet study inclusion criteria and 4 withdrew requesting removal of their study data. Thirty participants who completed baseline never arranged to take the classes despite repeated contacts. Of the 144 participants who completed training, 133 completed at least one follow-up visit. The average age ( $\pm$  SD) of this sample was  $38.0 \pm 13.5$  years. The group was 76% female. Seventy-four percent of participants were white, 17% were African-American, and the remainder were Asian, Hispanic, or Native American. Most (73%) were currently employed, 9% were retired, and the remainder included unemployed individuals and students. Half of the group had 12 to 16 years of education, and the other half had more than 16 years.

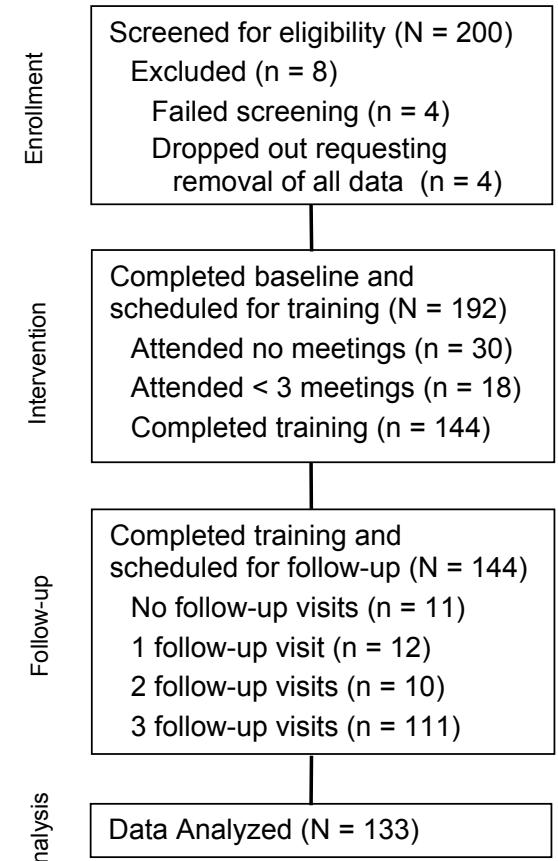
## Effects of Meditation Training

Meditation training led to highly significant reductions ( $P < .0001$ ) in all four measures of stress and negative emotion (Table 1). Improvements were noted at the first follow-up visit 4 weeks after participants began meditation practice and remained stable until the final follow-up at 12 weeks. The planned contrasts of baseline vs each follow-up visit demonstrated significant reductions for all four outcome measures at all 3 visits (all  $P < .0001$ ). Post-hoc comparisons found no differences among the 3 follow-up visits for any measure, indicating stability over time. Post-treatment reductions were 30% of baseline levels for POMS total mood disturbance, 23% for the PSS, 14% for STAI, and 36% for the GSI on the BSI.

**Table 1.** Changes in perceived stress and negative mood following meditation training.

Outcome Measure	Pre-training				Time Effect
	Baseline	4 Weeks	8 Weeks	12 Weeks	
Profile of Mood States Total Mood Disturbance	$24.7 \pm 1.3^a$	$12.2 \pm 1.5^b$	$11.9 \pm 1.6^b$	$11.6 \pm 1.6^b$	$F(3,363) = 41.48$ $P < .0001$
Perceived Stress Scale	$28.1 \pm 0.6^a$	$22.0 \pm 0.7^b$	$22.0 \pm 0.7^b$	$21.0 \pm 0.7^b$	$F(3,362) = 54.77$ $P < .0001$
State Trait Anxiety Inventory State Scale	$39.6 \pm 0.8^a$	$34.4 \pm 0.9^b$	$34.3 \pm 0.9^b$	$33.8 \pm 0.9^b$	$F(3,362) = 17.97$ $P < .0001$
Brief Symptom Inventory General Severity Index	$0.70 \pm 0.03^a$	$0.46 \pm 0.03^b$	$0.47 \pm 0.04^b$	$0.42 \pm 0.04^b$	$F(3,359) = 41.17$ $P < .0001$

\*For each outcome measure, mean values differ significantly from the baseline mean value but are not different from each other ( $P < .05$ ).



**FIGURE 1** Disposition of Study Participants

## Effects of Practice on Outcome

The relationship between practice frequency and outcome was tested using retrospective self-reports of the frequency of meditation practice collected at follow-up visits. Inspection of the 364 completed reports revealed a bimodal distribution of responses on the 7-point categorical scale, with an extreme low point at category 4 ("once a day, every day," 1.4% of responses). Given the shape of the distribution, the 7 categories were dichotomized into high (once a day or more frequently) and low (less than once a day) practice frequency categories. This division had face validity, representing low practice frequency as less than daily practice. In addition, this division yielded similar proportions for the two categories, 48% high vs 52% low.

Because practice frequency could vary over time during follow-up, practice category was included as a time-varying covariate in a re-analysis of treatment outcome data. Outcome values during follow-up were converted to change scores by subtracting baseline values, a necessary step because practice frequency data were not available at baseline. The hypothesized effects of practice frequency on outcome change were evaluated by tests of the main effect of practice category and the interaction of practice category with visit, which would indicate a changing influence of practice frequency during follow-up.

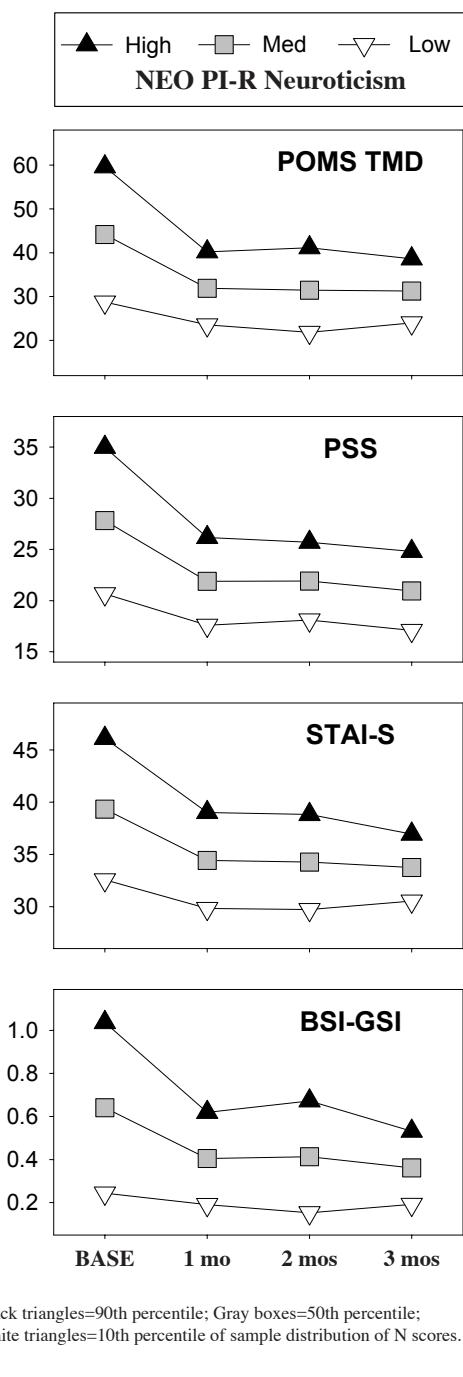
**Table 2.** Average Changes in Outcome Measures From Baseline to Follow-up for the Dichotomous Categories of Reported Daily Meditation Practice.

	Self-reported Frequency of Meditation Practice		
Outcome Measure	One or more times daily	Less than once a day	Difference p-value
Profile of Mood States Total Mood Disturbance	-15.1 ± 1.73	-10.4 ± 1.7	< .02
Perceived Stress Scale	-7.7 ± 0.8	-4.9 ± 0.7	< .001
State Trait Anxiety Inventory Scale	-7.0 ± 1.1	-4.6 ± 1.1	< .05
Brief Symptom Inventory General Severity Index	-0.27 ± 0.04	-0.23 ± 0.03	> .25

None of the practice-category by visit interaction effects was significant (all  $P > .3$ ), but the main effect of practice frequency was significant for POMS total mood disturbance, PSS, and STAI (Table 2). Practice frequency did not affect BSI GSI change scores significantly ( $P > .25$ ). More frequent practice was consistently associated with greater reductions in scores for perceived stress and negative emotion and an overall better outcome. Improvements in these 3 measures were more than 50% greater when a participant practiced at least once a day, compared to less frequent practice.

## Neuroticism as a Moderator of Meditation Effects

In order to test the moderating effects of initial level of neuroticism on responses to training, N scores from the NEO PI-R were included as a fixed covariate in re-analyses of outcome data. Moderation was assessed by the test of the interaction of N and visit, which revealed whether the trait affected the changes in stress or mood score over time.



NEO PI-R N scores were distributed normally in the study sample. The mean score ( $\pm$  SD) was  $89.2 \pm 23.8$  and the median was 87 with an interquartile range of 33. This mean corresponds roughly to the 70th percentile on adult norms for men and women.<sup>28</sup> N scores did not differ significantly between the sexes by *t*-test ( $P > .30$ ). The N by visit interactions were significant for all 4 outcome measures (all  $P < .0001$ ). These interactions were graphed using parameters of the regression models to calculate estimates over time for N-scores at the 90th, 50th, and 10th percentiles of the sample distribution (Figure 2). The graphs indicate that higher neuroticism scores were associated with higher baseline scores for each of the mood and stress measures and with greater reductions in negative mood and stress after training in all 4 measures.

## Discussion

Meditation practices such as TM and MBSR have been employed for stress reduction in a variety of settings, although the length and cost of training and the association of these programs with Eastern religions may limit their broad acceptance. The results of this open-label study demonstrate that even brief training in a simple non-sectarian meditation practice can be associated with improvements in subjective stress and negative emotions in a general sample of adults interested in learning meditation as a stress-reduction technique. The group demonstrated highly significant reductions in all 4 outcome measures of perceived stress and negative emotion. For 3 of the 4 outcome measures, reductions of 20% to 40% from baseline scores were observed. These beneficial changes were apparent at the initial follow-up 1 month after training began and were maintained until the end of the study at 3 months.

The observed effects cover a broad range of negative moods and perceptions. TMD from the POMS is a summary score comprised by anger, confusion, depression, fatigue, and tension, with vigor scores subtracted. Post-hoc examination of these separate scales revealed significant improvements in all 6, although changes were larger for the 4 negative mood scales than the 2 scales that assess the physical symptoms of fatigue and vigor (data not reported). PSS scores include both the number of common stressors experienced in everyday life and the negative impact that these stressors have. Items on the STAI assess the level of anxiety at the moment of administration. The GSI of the BSI combines 9 separate symptom dimensions: somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. Post-hoc exploration of these dimensions found that all were significantly reduced after treatment, with all but one (somatization) dropping by about 40% from baseline levels. Thus, improvements following meditation training appear to be widespread in the domain of stress and negative emotion.

The importance of regular meditation practice has often been asserted, despite the lack of empirical evidence. Our results confirm that more frequent meditation practice is associated with better outcome. Differences between "at least once a day" practice and "less than once a day" practice were statistically significant in 3 of 4 outcome measures (POMS, PSS, and STAI), with a similar trend in the fourth (BSI). The beneficial effects of more frequent practice persisted through the 3 months of follow-up. Similar practice effects have been reported in several recent studies of

MBSR for stress reduction,<sup>10, 12, 29</sup> although the majority of meditation studies have neglected to test the effects of practice frequency. The covariations of practice frequency and treatment outcome reported here do not establish a “dose response” effect for practice or determine a minimal level of practice that provides useful results, because individual levels of practice were self-selected; however, these results are consistent with a causal effect of practice frequency on outcome and should stimulate further research on the dose-response question. Certainly, we need to understand how practice frequency affects outcome if we want to develop effective and efficient training programs for the general public. Traditional guidelines for the frequency and duration of meditation practice will be strengthened by empirical evidence to support them.

Finally, this study demonstrated that individual characteristics may affect the outcome of a meditation intervention. In these data, participants who scored higher on the NEO PI-R domain of neuroticism demonstrated greater improvements following meditation training. Graphs of the interactions suggest that the higher-N participants reported higher initial levels of negative emotion and perceived stress prior to training and subsequently converged towards the lower-N participants. These results complement those of a recent study that found that initial trait anxiety scores were correlated with increased autonomic relaxation indexed by heart rate variability when participants learned Zen meditation.<sup>30</sup> It may not seem surprising that participants who start with higher stress scores show greater improvement; however it is reassuring that these individuals are not resistant to the potential benefits of meditation practice, especially when they appear to have the most to gain. Future investigations may clarify the characteristics of responsive individuals so that treatments could be targeted more effectively.

These results are preliminary, given the open-label nature of the study and the lack of experimental controls for possible indirect effects associated with participation in the training program. But the results do suggest that simple, brief, non-sectarian programs of meditation training may offer benefits to adults in the general population interested in stress reduction. Such programs may have advantages over more established programs in many situations, especially where the length and cost of training or ties to Eastern religions are barriers to participation. Simpler programs could be made available at lower cost, which could be a further advantage in publicly funded settings such as schools or community programs. Although the established programs have offered the opportunity for many individuals to learn meditation and receive the benefits of regular practice, there may be significant value in the exploration of less intensive, non-sectarian meditation training programs that can bring these results to a larger population.

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## **Brief Meditation Training Can Improve Perceived Stress and Negative Mood**

James D. Lane, Ph.D.  
Professor of Medical Psychology  
Duke University Medical Center

Presented at  
The 22<sup>nd</sup> Professional Seminar  
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